



Committed Today for a Better Tomorrow

Office of Lee County Fire Marshal
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APPLICATION FOR PLAN REVIEW

PLEASE PRINT

DATE: _____

PROJECT

NAME: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER, EXT: _____

CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER, EXT: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTACT

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER, EXT: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT'S SIGNATURE: _____

NOTICE

*SITE PLAN REVIEW: SUBMIT (2) SETS OF PLANS WITH STAMP/SEAL
FROM ARCHITECT/ENGINEER.*

*SUBMITTED PLANS WILL BE REVIEWED AS QUICKLY AS POSSIBLE,
WITH AN AVERAGE REVIEW TIME OF (15) BUSINESS DAYS.*

Office Use Only:

Application Number: _____

Date Completed Application Rec'd: _____

Received By: _____